

STATE OF NEVADA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

**NOTICE TO MEDICAL MARIJUANA ESTABLISHMENT APPLICANTS  
REGARDING FINGERPRINTING AND BACKGROUND CHECKS**

Issued: 7/10/2014

**Applicants are required to submit their fingerprints one time only, regardless of the number of applications being submitted.** Applicants must list **ALL** of the MME Applying Entity's Name(s) with which they are associated on the MME Registration Certificate Applicant Fingerprint Submission Form, now modified to accommodate this information. If all of the entity names do not fit on one form, please use multiple forms, and identify the subsequent page accordingly. Applicants must enter only one OCA number, as indicated in the instructions.

Applicants are strongly encouraged to place their Social Security Number on the fingerprint cards to further ensure accurate tracking.

Applicants, please check that all of the information on the cards is complete. Incomplete or missing information will cause your cards to be rejected and will result in unnecessary delays. Rejections have already occurred because cards have been submitted incomplete.